**Minutes of the Anaesthetics, ICM and EM Specialty Training Board held on Thursday 7 September 2017 at 11.30 am in Room 2, Westport, 102 Westport, Edinburgh (with vc links)**

**Present:** Eddie Wilson (EW) Chair, Shabbir Ahmed (SA), Monika Beatty (MB), Fiona Cameron (FC), Kirsteen Brown (KB), Alastair McDiarmid (AMD), Carol Murdoch (CM), Neil O’Donnell (NOD), David Ramsay (DR), Fiona Russell (FR), David Semple (DS), Malcolm Smith (MS).

**Videoconference**: *Aberdeen* - Angus Cooper (AC), Stephen Friar (SF), Ronald MacVicar (RMV), Kim Walker (KW); *Glasgow* – Karen Pearson (KP), Sarah Ramsay (SR).

**Apologies**: Stephen Lynch (SL), Joy Miller (JM), Hugh Neill (HN), Rowan Parks (RP), Andrew Paterson (AP), Karen Shearer (KS), Claire Vincent (CV).

**In** **attendance**: Helen McIntosh (HM).

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| **Item** |  | **Lead** |
|  | **Welcome and apologies**  The Chair welcomed all and particularly Fiona Beatty (FB) attending her first meeting. Apologies were noted. |  |
|  | **Minutes of meeting held on 1 June 2017**  One amendment was noted:   * to add Malcolm Smith (MS) to the list of those present.   With this amendment, the minutes of the previous meeting were approved as a correct record. |  |
|  | **Matters Arising /Action points** |  |
| 3.1 | **Shape of Training** |  |
|  | The Shape of Training report made a number of recommendations. All 4 Ministers have committed to these in principle. The Improving Surgical Training (IST) project, CMT and credentialing were the main workstreams being progressed. This will remain a standing agenda item. | **Agenda** |
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| 3.2 | **Academic representation** |  |
|  | The Chair will continue to seek an academic representative. | **EW/NOD** |
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| 3.3 | **Core Trainees not eligible for ST3 due to exam date** |  |
|  | This was raised at the UK Recruitment Committee where it was confirmed the position was unlikely to change. Scotland has been able to provide LAT posts for trainees who were affected; the rest of the UK provided service posts. |  |
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| 4. | **Workforce Planning** |  |
| 4.1 | **Anaesthesia** |  |
|  | A number of recommendations were made. Potential CCT under supply in Anaesthesia was highlighted and increase in ST intake proposed although this would require an increase in core. No formal response has been received. |  |
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| 4.2 | **Intensive Care Medicine** |  |
|  | The recommendation from the specialty was for a target of 12 posts each year and this was likely to be supported. It might be possible to add one or two extra posts. |  |
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| 4.3 | **Emergency Medicine** |  |
|  | The status quo was recommended although they would need to recruit at a higher level. FR noted a 30% attrition rate from ST1 – ST4 and would like to increase core numbers. EW said this case would have to be made next year via the STB.  EW will send the response document to STB members on request. |  |
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| 5. | **Recruitment** |  |
| 5.1 | **Anaesthesia** |  |
|  | Interviews will take place on 8 September for the 2nd round of ST3 February intake. There were 5 posts and 15 applications and they were hopeful of filling.  EW noted letter received from the College re national recruitment next year and sought views. NOD said when this was proposed there were major concerns around the introduction of a single UK transferable score. These concerns have been allayed as it was confirmed this would not be applied until clearing. EW added that this was discussed at the recent UK Recruitment Committee. The number of interview centres in England will be reduced and Scotland will continue to run interviews. |  |
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| 5.2 | **Intensive Care Medicine** |  |
|  | Recruitment will continue as before and in a single centre. Interviews will take place 10-12 April. Scotland has a good fill rate however it was noted there was a lack of clarity around establishment and retirement numbers. |  |
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| 5.4 | **Emergency Medicine** |  |
|  | Recruitment will continue to run nationally with a separate Scottish process for ACCS. |  |
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| 6. | **Quality Management/Improvement** |  |
| 6.1 | **sQMG Highlights** |  |
|  | RMV highlighted discussion from the most recent meeting:   * Looked at 3 visit report – demonstrated exemplars of a well-functioning group of specialties. * Difficulty experienced in getting access to trainees in visits to Emergency Medicine where there were challenging rota structures. One visit had to be cancelled due to insufficient numbers of trainees. They would be more flexible about timings of visits/trainee arrangements and contact departments rather than DMEs. * Rota issue – some are quite challenging in allowing trainees to access educational programmes. Recommendation made to review rota structure. * IST project noted – 60% to be delivered in daytime hours. * Scottish Training Survey comments are distilled by Quality Leads, the vast majority of which were positive. * Due to time constraints at the meeting the group did not get the opportunity to thank EW for his support. |  |
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| 6.2 | **GMC Visit 2017** |  |
|  | RMV reported there was much activity. Health Boards and all 5 Universities will be visited and the Deanery visit will take place on 11 and 12 December. Programmes and specialties in scope have been selected – UG/Foundation/General and Core Medicine/General Surgery/Geriatric Medicine and Paediatrics. |  |
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| 6.3 | **GMC Trainee Survey 2017** |  |
|  | The group was asked to encourage participation. |  |
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| 6.4 | **ICM Cardiothoracic blocks** |  |
|  | The challenges of providing 3 month blocks in Edinburgh were noted. RMV said a request received to send trainees to Glasgow/Newcastle for this experience had raised concern about travelling outwith Scotland and had prompted discussion. He was seeking the national view on how to manage small numbers to provide this experience. NOD, he and ICM representatives have arranged to meet and look at how to support this and provide a national view. They have been able to find solutions for individual trainees by providing placements however a national solution was required. He and NOD will discuss and take this forward. | **RMV/ NOD** |
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| 6.5 | **Simulation update** |  |
|  | There was nothing to update – item will be removed from agenda for now. |  |
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| 7. | **Statutory and Mandatory Training** |  |
|  | Noted for information. NES was leading on this work with Health Boards and has begun with trainee doctors. |  |
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| 8. | **College Reports** |  |
| 8.1 | **Anaesthesia** |  |
|  | SR reported:   * Change of personnel – John Colvin is stepping down as Chair, many thanks are due to him for everything he has done to promote the College in Scotland, and Scotland to the College. SR will be taking over from him in November at the next Board meeting. EW was also stepping down at the end of the year and she recorded thanks to him for all he has done both for the Board and wider College Work. Daphne Varveris is taking on the role of CMO Advisor in Anaesthesia and Intensive Care. * The new SCLF is from an Anaesthetic background and will be taking forward the PCAT work, hopefully rolling this out to all departments in Scotland. This may prove to be a useful resource for other specialties with rota issues. * Scottish Tutors meeting on 9 October – many thanks to David Semple for arranging what looks like being an excellent programme. * Newsletter – this is becoming a good way to get the word out to members about College matters. Will try to ensure that training matters (e.g feedback from sQMG, QRP and STB) are covered to those members not directly involved in training and digests of survey results for those that are kind enough to complete them. |  |
| 9. | **Trainees’ reports** |  |
| 9.1 | **Trainee Fatigue Survey** |  |
|  | KP said this was her last meeting as trainee representative – a new representative will be appointed in due course. EW thanked her for all her input.  KP reported on the findings of the Trainee Fatigue Survey. The response rate was 50%+. The raw data was contained in the first paper; the second paper she presented summarised the results and potential actions. The survey findings have been shared with all Scottish trainees and she has contacted Karen Morris and asked her to send it to all trainers. The results showed that Scottish trainees had a lower median commute however 76% of respondents said they were too tired to drive home after a rota; no accidents were reported; few trainees used post rest facilities or knew what was available. A fatigue working group has been established. She felt information could be made available via induction. EW acknowledged this was an important issue. There were a number of elements – detection and education and proposed taking this forward via the College Tutors’ meeting and service. FR said this was an issue for other specialties and for nurses.  DR felt it was important to establish the length of a night shift and what was an acceptable commute; in his view one hour was acceptable. KP said they were keen to also get information regarding post facilities out to trainers – what was available may be dependent on level of training/tiers of training. It was clear that trainees were often unaware of what facilities were available during the day time as well as for night shifts – generally these were the same. KP felt it was essential to make explicit what was available in each hospital and how to access it/who to contact.  KP noted the Scottish User Test Group for ePortfolio will meet on 18 September in Dundee. |  |
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| 10. | **Gold Guide Draft** |  |
|  | Feedback was requested and should be sent to Rosie Baillie by 22 September who will then make a co-ordinated NES response. |  |
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| 11. | **New STB Chair** |  |
|  | EW reported this was his last meeting as STB Chair; NOD has been appointed as his replacement. He thanked the STB for its input and support.  RMV thanked EW for his expertise and diligence in chairing the STB on a personal level and on behalf of NES. |  |
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| 12. | **AOCB** |  |
|  | No other business was raised. |  |
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| 13. | **Date of next meeting**  The next meeting will take place at 11.30 am on Friday 8 December 2017 in Room 3, Westport, Edinburgh (with videoconference links). |  |
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.  3.1 | Matters Arising/Action points  Shape of Training | Standing agenda item. | NOD |
| 3.2 | Academic representation | To seek representative. | EW/NOD |
| 6.  6.4 | Quality Management/ Improvement  ICM Cardiothoracic blocks | To discuss and take this forward | RMV/NOD |